

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036920

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 1 1962

54/ 2640

VS 300
Rev. 4/59

14002

240002

3

4 0

5 1

6

7 1

8 1

98740

10 14

11 400

1292-3

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clayton

Length of stay in 1b

DOA

c. FULL NAME OF (If NOT in hospital, give location)

St. Louis County Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY OR TOWN

Affton

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

8408 Rockhaven Lane

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

CHRISTOPHER

C.

ADAMS

4. DATE OF DEATH

Month

Day

Year

September 11, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/8/08

9. AGE (last birthday)

53

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY

Hospital & others

11. BIRTHPLACE (City and state or country)

Blytheville, Ark.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Christopher C. Adams

13b. MOTHER'S MAIDEN NAME

Grace Clark

14. NAME OF HUSBAND OR WIFE

Ellen Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADAMS Mrs. Ellen Clark, 8408 Rockhaven Lane

Address Affton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Poisoning - central nervous system depressant in type

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☒

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Ingestion of overdose of medications (unidentified alkaloid)

20c. TIME OF INJURY

10:15 a.m.

Month, Day, Year

9/11/62

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

basement of home

20f. CITY, TOWN, OR LOCATION

Affton

COUNTY

St. Louis

STATE

Missouri

21. I attended the deceased from _____, to _____ and last saw her alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Raymond H. Haddoroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

9/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9/12/62

23c. NAME OF CEMETERY OR CREMATORY

Sunset Hills Cemetery

23d. LOCATION (City, town, or county)

Rockport, Ind.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Louis H. Bopp, Inc. Kirkwood, Mo.

25. DATE RECD. BY LOCAL REG.

9-12-62

26. REGISTRAR'S SIGNATURE

John B. Murphy

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.